



Natural Resources Conservation Service
210 Walnut Street, Room 693
Des Moines, IA 50309-2180

November 4, 2008

IOWA BULLETIN NO. IA360-9-3

SUBJECT: PER – FEDERAL BENEFITS OPEN SEASON FOR 2009

ACTION REQUIRED BY: DECEMBER 8, 2008

PURPOSE. To announce the Federal Employee Benefits Open Season for 2009.

EXPIRATION DATE. September 30, 2010

A Federal Employees Benefits Open Season will be held from **November 10 through December 8, 2008**.

Federal Employees Health Benefits (FEHB): Employees should receive at their home address a copy of their current health plan brochure including the 2009 rates. You should review your current plan's brochure for service and benefit changes that may affect you in the coming year and to determine if the plan still meets your needs. *Be sure to review the brochure carefully to see if there are any changes in the plan's services, enrollment areas, costs or enrollment codes which could require action on your part.*

During Open Season, any eligible employee who is not currently registered may enroll, and any eligible enrollee may change from one plan option or option to another, from self only to self and family, or make a combination of these changes. In addition, Open Season allows employees to change their premium conversion (pre-tax) election. An eligible employee who enrolls in FEHB may elect to participate or to waive participation in premium conversion (pre-tax); participation in premium conversion is automatic unless otherwise waived. An eligible enrollee may elect to begin participation if they have previously waived participation. Please contact Human Resources for a premium conversion form.

No action is required by enrollees who wish to continue their current enrollment. However, enrollees whose plans will not be participating in the FEHB Program after December 31, 2008, or whose plans dropped the enrollment code they are currently enrolled in MUST enroll in a different plan to continue FEHB coverage in 2009.

All 2009 FEHB guides and health plan brochures are available on the Office of Personnel Management's website at <http://www.opm.gov/insure/openseason/index.asp>. The guides and brochures are available in PDF format for downloading and printing, as well as a text version suitable for the visually-impaired. In addition, the website will contain links from the guides and brochures to health plan websites for additional information about the plans, as well as links to other related websites.

To enroll, make a change in your current FEHB enrollment or make changes to your premium conversion election, employees must: Use the NFC/Employee Personal Page (MyEPP) at <https://www.nfc.usda.gov/personal/index2.asp>. You may use your eAuthentication ID and password or your

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social security number and your Employee Personal Page Identification Number (PIN) to access MyEPP. Please allow at least two weeks for your new PIN number to arrive if you order by mail. After accessing the system and selecting FEHB from the Self-Service tab, you will be provided with your current enrollment status and given options to elect, change or cancel coverage. All enrollments and changes must be completed no later than close of business December 8, 2008. Print the confirmation sheet once you have completed your transaction. All changes and new enrollments made during Open Season will be effective January 4, 2009.

Remember, in order to continue FEHB coverage after retirement, an employee must have been covered under the FEHB Program continuously for the five years of service immediately before retirement or, if less than five years, for all periods of service during which he/she was eligible for FEHB coverage.

Temporary Continuation of Coverage (TCC): If you leave federal employment, you may be eligible for TCC for up to 18 months (unless you are separated for gross misconduct). TCC can continue for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22. TCC enrollees must pay the total plan premium (without a government contribution) plus a 2 percent charge for administrative expenses. There are specific time frames in which you or your dependent must enroll for TCC.

Flexible Spending Accounts (FSAFEDS): Current participants **must re-enroll** each year to continue participation. Enrollments do not carry forward from year to year. FSAFEDS allows you to set aside pre-tax money for eligible dependent and/or health care expenses. By setting aside money before it is taxed, you reduce your taxable income, thereby paying fewer taxes and saving money! Visit <https://www.FSAFEDS.com> to learn more about the FSAFEDS program. Print the confirmation sheet once you have completed your transaction. Coverage will become effective January 1, 2009.

Federal Employees Dental and Vision Insurance Program (FEDVIP): Coverage for current participants continues unchanged unless you make a change during Open Season. There are two parts to complete: employees register as a user (if previously registered you do not need to re-register) and then can immediately enroll or make enrollment changes at this web-site: <https://www.BENEFEDS.com>. To enroll in either the Dental or Vision plans, employees will need their social security number, eligible dependent social security numbers, birth dates and current FEHB plan name/enrollment number. Print the confirmation enrollment and email from BENEFEDS. For plan information, visit the FEDVIP website at: <http://www.opm.gov/insure/dentalvision>. FEDVIP enrollees cannot waive premium conversion (pre-tax deductions). Coverage will be effective January 1, 2009.

AGAIN, THE DEADLINE FOR ENTERING YOUR HEALTH BENEFITS ENROLLMENT FORM SF-2809 IN EPP IS **THE CLOSE OF BUSINESS DECEMBER 8, 2008**. Please ensure that all requested information is completed accurately (i.e. enrollment codes, birth dates, eligible family members, etc.).

If you have questions regarding Federal Employees Open Season Benefits, please contact Human Resources at (515) 284-4587.

/s/ Richard Sims
State Conservationist

Attachments

Changes to FEHB Plans (Nationwide and the state of Iowa)

FEHB Plans Adding a Standard Option with New Codes:

Plan Name	Plan Type	3 Digit Code
HealthPartners Open Access Three for Free	HMO	V34, V35

FEHB Plans Adding a New Standard Option:

Enrollees who do not enroll in the Standard Option will automatically remain enrolled in their current High Option.

Plan Name	Plan Type	3 Digit Code
Coventry Health Care of Iowa	HMO	SY4, SY5

FEHB Plans Offering a Consumer Driven Health Plan (CDHP):

Plan Name	3 Digit Code
UnitedHealthcare Insurance Company, Inc.	E94, E95

FEHB Plans Expanding Service Areas:

Plan Name	3 Digit Codes	Recently Added Counties:
Coventry Health Care of Iowa	SV1, SV2, SY4, SY5, SV4, SV5	Entire counties of Cherokee, Dickinson, Emmett, Fayette, Hardin, Lyon, Monroe, O'Brien, and Winneshiek
Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire state of Iowa

FEHB Plan Merger with Code Changes:

Plan Name	3 Digit Codes (2008)	2009 Surviving Plans	3 Digit Codes (2009)
HealthPartners Open Access Deductible (Standard)	534, 535	HealthPartners Open Access CoPay (High)	454, 455

Changes to FEDVIP Plans (Nationwide and the state of Iowa)

FEHB Code Mergers:

2008 Plan Name (Old)	2009 Plan Name (New)
Comp Benefits (Dental Plan)	Humana/CompBenefits, Inc.
Spectera (Vision Plan)	UnitedHealthcare Vision

Glossary:

Consumer-Driven Plans (FEHB) - Describes a wide range of approaches to give you more incentive to control the cost of either your health benefits or health care under the FEHB Program. You have greater freedom in spending health care dollars up to a designated amount, and you receive full coverage for in-network preventive care. In return, you assume significantly higher cost sharing expenses after you have used up the designated amount. The catastrophic limit is usually higher than those common in other plans. Common features include full or partial employee responsibility for several thousand dollars in expenses, and catastrophic coverage covering costs above a certain level, usually higher than those common in other plans.

High Deductible Health Plan (HDHP) (FEHB) - Provides comprehensive coverage for high-cost medical events and a tax-advantaged to help you build savings for future medical expenses. The HDHP/HSA or HRA gives you greater flexibility and discretion over how you use your health care benefits.

The HDHP features higher annual deductibles (a minimum of \$1,100 for Self and \$2,200 for Self and Family coverage) than traditional health plans. The maximum amount out-of-pocket limits for HDHPs participating in the FEHB Program for Self and for Self and Family enrollments are based on IRS rules. With the exception of preventive care, you must meet the annual deductible before the plan pays benefits. Preventive care services are generally paid as first dollar coverage or after a small deductible or copayment. A maximum dollar amount may apply.

When you enroll in an HDHP, the health plan determines if you are eligible for a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). Each month, the plan automatically credits a portion of the health plan premium into your HSA or HRA, based on your eligibility as of the first day of the month. You can pay your deductible with funds from your HSA or HRA. If you have an HSA, you can also choose to pay your deductible out-of-pocket, allowing your savings account to grow.

If you are enrolled in a FEDVIP plan and you have a High Deductible Health Plan (HDHP), your FEDVIP plan is considered the primary payer and the HDHP is considered the secondary payer.